

The SMA Doctors in Training Committee

By Dr Tan Yia Swam, Chairperson, SMA Doctors in Training Committee

Being a junior doctor seems to be getting harder and harder these days.

There have been many changes over recent years, which have given rise to several problems encountered by “young” or “junior” doctors, or our preferred term, “doctors in training”. The SMA Council is concerned about these changes, and has entrusted me to take the first step in trying to reconcile the issues affecting doctors in training. Therefore, the Doctors in Training (DIT) Committee, comprising doctors from various backgrounds, has been set up, to address the concerns we face on the ground, and present them officially to effect changes.

For example, we recently met with Dr Lau Hong Choon, Director, Manpower Standards and Development Division, Ministry of Health (MOH). The meeting was called to discuss the matter of making the American Board of Surgery In-Training Examination (ABSITE) compulsory for surgical Advanced Specialist Training (AST), when previously it never was, and we received some very enlightening answers. Dr Lau was very forthcoming in explaining why ABSITE for ASTs in Surgery has been adopted as the current best way to have regular in-training assessments, even though it is an American system, and current ASTs in Surgery have been trained and taught to prepare for the UK-based exit exams. It has been endorsed by MOH and the Academy of Medicine, Singapore after much consideration, and after addressing concerns by senior surgeons that the UK exams may not be as rigorous.

He also explained that other disciplines such as General Medicine, Ophthalmology and Orthopaedics have embraced similar in-training exams for many years with great success, while General Surgery has resisted until these past two years, when the introduction of the residency programme made it mandatory for residents to take the ABSITE, and it was felt that it was a good time to merge the ASTs with the residents. The session served as an excellent starting point to more open dialogue with MOH regarding training issues, and any other matters that might affect doctors currently in training.

Change is inevitable. We must change, or we will not grow. As with all new things, there are birthing pains and teething problems! From my own experiences over the past eight years since graduation, from what I have witnessed first hand, from office and tearoom gossip, and from catching up sessions with classmates and colleagues, I have identified three main areas of changes:

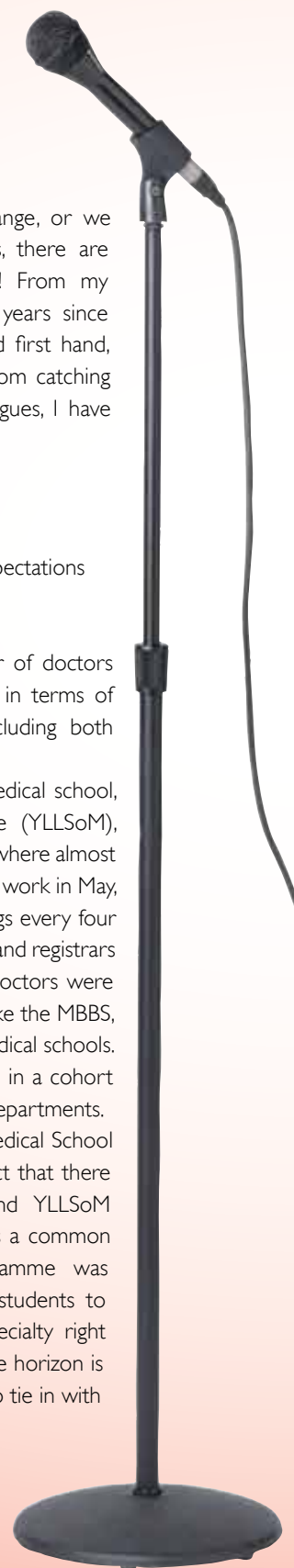
1. Increasing diversity of doctors
2. Major changes in specialty training
3. Changes in patient spectrum and expectations

Increasing diversity of doctors

There is an increase in the number of doctors who come from different backgrounds in terms of educational and work experiences, including both local and foreign grads.

There used to be only one local medical school, the Yong Loo Lin School of Medicine (YLLSoM), National University of Singapore (NUS), where almost all of us graduated from. All of us started work in May, all house officers (HOs) changed postings every four months, while all medical officers (MOs) and registrars rotated every six months. Only a few doctors were “out of phase” because they had to retake the MBBS, or because they were from overseas medical schools. These were few, maybe just one or two in a cohort of 15 to 16 HOs or MOs in the larger departments.

Then came Duke-NUS Graduate Medical School with its postgraduate students. It is a fact that there was tension between Duke-NUS and YLLSoM students in the beginning years. There is a common perception that the residency programme was brought in to allow the postgraduate students to specialise “earlier” by entering their specialty right after graduation. The latest change on the horizon is that housemanship will start every July, to tie in with their graduation, instead of in May.



We can also look forward to the third medical school, the Lee Kong Chian School of Medicine, jointly set up by the Nanyang Technological University and Imperial College London. It will begin accepting students for admission next year.

There has also been an influx of foreign doctors, who are neither Singaporeans who have studied overseas, nor from Malaysia, but doctors of diverse nationalities from various overseas medical schools who have applied to work in Singapore, coming in as MOs, service registrars and consultants. There are differences in medical practices and language, and this has resulted in real and practical problems in day-to-day work.

Major changes in specialty training

The rapid introduction of the American-based residency programme began in July 2010. The transition from the UK-based Basic Surgical Training (BST)/AST system, which we had been using since the 1970s, has resulted in some stress in finding a balance between training and service provision, and some trainees have been "left behind".

The merits of the residency programme are obvious on paper: a smoother and faster route to specialisation, better working hours with better safety profiles for patients and doctors, and more supervised training.

However, there are a few colleagues out there who have been left behind in the wake of these rapid changes e.g., Orthopaedics trainees who did not get into BST, and waited to enter the seamless track, and now instead enter residency. Some of these trainees are seven or eight years post-grad, have worked as a service registrar for a year, but are now back to work as an MO in Anaesthesia so as to fulfill their first year of residency. Nice to be working side-by-side with a fellow first year resident who just graduated last year! How about the young man, a third year post-grad who was accepted into BST, went back to the army to serve his nation, and then realised that by the time he finishes AST, his junior would have completed the residency programme? Or the one who worked as an MO for four years, failed to pass the exams, couldn't get an AST job, only to be told that AST is being phased out, and to please apply for residency together with the next batch of graduates from Duke-NUS and YLLSoM?

How many are there? No one knows. I hear only through word-of-mouth about friends and acquaintances who have dropped out of training, or broke their bonds to do locum work.

With the residency programme came more changes: compulsory post-calls, one-in-seven off days and protected teaching. Sounds fantastic on paper, but how does the system cope with the gaps left in service provision? Different hospitals and departments have tried various methods: making non-resident "traditional" HOs and MOs fill in the gaps, or making MOs step down to cover HO

work, when the HO-resident has gone for courses titled "Training residents to be trainers". Friends have told me how in some departments, the post-grad year 1 who is a first year resident (i.e., previously known as HO) tags along with the MO on call, but is not allowed to do MO work, because after all, he is holding a provisional registration number, while the pool of housemen available to do HO calls is fewer.

Some departments hire locums, non-MOPEX MOs, or non-traditional sources of MOs on overseas recruiting missions to Australia, Philippines, China, India, Sri Lanka and Myanmar to fill in the gaps. Some have assimilated well, some have not. SMA has initiated courses for these foreign doctors, but we have not been able to completely reach out to them, due to a lack of accurate information regarding their actual numbers. It is my hope that as more of them come to work in Singapore, the DIT Committee will be able to represent their voices and concerns, and bring them into SMA.

Change in patient spectrum and expectations


Doctors in training generally perceive a lack of support from hospital administration.

The patients we have now are sometimes more savvy, and definitely more likely to complain. It is so easy to receive compensation, and obtain what they perceive to be better or more polite service when they complain. After all, complaining about bad service in a hotel or restaurant can get you a room upgrade, a free night's stay, or a waiver of the bill. Now, I'm not saying that the patients are always wrong. In fact, some complaints are reasonable and justified. It is our duty as a medical profession to take these offenders to task by strict self-governing and upholding of values, principles and good medical practices.

But what about the "nonsense" complaints? We all get a distinct feeling that the hospital administration is treating healthcare like any other service industry and apologising on behalf of the doctor, offering to give counselling sessions and to look into the matter, etc. How many of us have heard of senior doctors who have left public service because the hospital does not stand up for its staff? How many of us have not felt anger and injustice when asked to reply a nonsensical complaint?

Many juniors, peers and even seniors have asked me why I have not done anything about these. I think the answer is obvious. Who dares to be perceived as a "rabble-rouser?" Those above-mentioned MOs who have been disadvantaged by the changes in system do not complain; they are thankful to be able to continue to enter any training programme. Even this article went through several rewrites before being allowed for print. I want to reassure you, dear reader, that I am not here to look for trouble. The problems already exist – we see it, and we now ask for your help and input on how we, as a medical profession, can make it better!

The DIT Committee aims to have more say in shaping how our training and career goes, and we invite our readers to be more involved. We seek your feedback on how the above changes have affected the medical landscape, for better or for worse, and proposals on how best to move forward together

to establish a better healthcare system for our country. **Comments from students, housemen, residents, medical officers, registrars, consultants, family physicians, general practitioners, and retired doctors are all welcome, to be sent to feedback@sma.org.sg. **

About the SMA Doctors in Training Committee

The SMA Doctors in Training (DIT) Committee was formed to provide a voice for doctors in training in Singapore. SMA is committed to ensuring that all doctors in training have access to high quality undergraduate, prevocational, and vocational education and training, as well as appropriate working conditions. The Committee provides leadership and representation on issues of importance to junior doctors, including aspects of education, training, health and safety. The Committee also serves as a platform to advocate matters of importance to junior doctors, so as to work towards our vision of an improved healthcare landscape in Singapore.

The members of the DIT Committee are:

Chairperson

Dr Tan Yia Swam

Dr Tan Yia Swam is a General Surgery registrar at Tan Tock Seng Hospital. She is also SMA's representative in the Healthcare Committee of the Workplace Safety and Health Council.

Members

Dr Chia Ghim Song

Dr Chia Ghim Song is currently undergoing the Transitional Year programme with Singapore Health Services. He graduated from Cornell University with a Bachelor of Science (Electrical & Computer Engineering) (Summa Cum Laude) and Masters of Engineering (Electrical & Computer Engineering). He was a research scientist at DSO National Laboratories prior to his postgraduate studies at Duke-NUS in 2007. Ghim Song was also President and Class Valedictorian of the Class of 2011 at Duke-NUS, and recipient of the Seah Cheng Siang Gold Medal in Medicine.

Dr Ho Quan Yao

Dr Ho Quan Yao is currently a second year resident with the National Healthcare Group, Internal Medicine programme. He graduated from NUS in 2010, and served as Vice President in the NUS Medical Society from 2007 to 2008. During his term, he participated and helped to organise numerous student events and initiatives. His hobbies include endurance sports, scuba diving and travelling.

Dr Lim Kheng Choon

Dr Lim Kheng Choon is currently a resident with the Singapore Health Services, Diagnostic Radiology programme. He graduated from NUS with a Bachelor of Engineering (Mechanical) (Hons) and joined the Republic of Singapore Air Force as an air engineering officer. Kheng Choon, from the Duke-NUS Class of 2011, was awarded the David Sabiston Gold Medal in Surgery, a SingHealth graduation award.

Dr Ng Chew Lip

Dr Ng Chew Lip is currently a second year resident with the National University Health System, Otorhinolaryngology programme. He was President of the Medical Society from 2007 to 2008, graduated from NUS in 2010, and was a recipient of the Lee Hsien Loong Award for Outstanding All-Round Achievement.

Advisors

Dr Chong Yeh Woei

Dr Chong Yeh Woei is President of the 52nd SMA Council. He is a general practitioner in private practice, the SMA spokesperson, and also the chair of the SMA Private Practice Committee.

A/Prof Paul Ananth Tambyah

A/Prof Paul Ananth Tambyah is an Infectious Diseases physician in academic practice. He has been involved in undergraduate and postgraduate education for more than ten years.

Dr Wong Chiang Yin

Dr Wong Chiang Yin graduated from NUS with MBBS in 1994 and a MMed (Public Health) in 1999. He is a Public Health specialist and works as a hospital administrator in the private sector. He has been on the SMA Council since 1995, and was President of SMA from 2006 to 2009. He is also a Council Member of the Academy of Medicine Singapore. 